

In the Matter of)
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Implementation of the Twenty-First Century) CG Docket No. 10-210
Communications and Video Accessibility Act of)
2010, Section 105, Relay Services for Deaf-Blind)
Individuals)
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NOTICE OF PROPOSED RULEMAKING

Adopted: January 14, 2011

Released: January 14, 2011

Comment Date: February 4, 2011

I am pleased to submit some brief comments to the Commission on aspects for consideration in the creation of pilot projects that will, in essence, build a mechanism of service delivery and training for people who are deaf-blind.

As has been mentioned in comments made by the National Coalition on Deafblindness, one of the most critical elements for pilot projects is that they be offered in a multi-year grant process. Such a process is vital in offering the Commission a way to evaluate what is working and what needs to be changed from a participant perspective.

The goals of the pilot projects are to test models of service delivery and training. In that testing, rich evaluation data (from focus groups of consumers, brief surveys, and from measuring consumer valued outcomes) is critical for building an effective and responsive system.

Because the community of people who are deaf-blind is highly heterogeneous, multi-year funded projects may be designed around specific sub-populations within the field. For example, a pilot project may specifically test equipment dissemination and training mechanisms that are effective for seniors who are deaf-blind. Another pilot may focus on the needs of youth in transition. Still another may focus on working adults. This type of action-based research also involves consumers directly in lending their voices to what may work. It also acknowledges that what may be effective types of training for seniors may not be as effective for teenagers.

It may allow systematic exploration of hybrid forms of consumer training that involve both face-to-face support as well as support at a distance. It would allow the use of social media, websites or blogs as a way to share information with both consumers or trainers. It might allow for the evaluation of training tools such as step-by-step instructional DVDs, podcasts, or learning modules.

Developing pilots that involve different members of this diverse community also acknowledges that people who are deaf-blind participate in different systems. Seniors may benefit from a distribution process that is networked with senior centers, or senior based clubs whereas young adults in college may benefit from a delivery and training system that is linked with the campus

office of students with disability services. Such portability of service delivery and training can be explored through the mechanism of focused pilot studies.

Ultimately it is multi-dimensional pilot evaluation data that will allow the system to be developed with enough agility to respond to different types of distribution and training needs. Such agility also provides a means for consumers who are deaf-blind to co-create a system that is responsive, efficient, and more cost-effective. As has been mentioned in previous comments, all pilot projects should be developed with the direct involvement of members of the deaf-blind community.

The comments of the American Association of the Deaf-Blind and Deaf-Blind Young Adults in Action are vital to designing an RFP process that addresses consumer partnership in project design and evaluation. Here again, participant-oriented evaluation systems or participatory action research designs may inform pilot projects so that this is addressed by design. This also minimizes the risk that the opportunity, provided by this magnificent provision in the law for an underserved population, is wasted by designing a system that does not meet the needs of all people who are deaf-blind or that merely becomes a part of a system that nominally serves the population. This law is an opportunity to design something that addresses a critical gap, that increases individual access to all aspects of civic life, and that provides a means for new technology innovation to occur.

Thank you for the opportunity to comment.

Sincerely,

Dr. Amy T. Parker